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STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

APPLICATION FOR EXEMPTION

PT-401 (Rev. 8/29/12)

7016

Provisions for Filing for Exemptions, as Provided by Sections 12-4-710, 12-4-720, 12-4-730, 12-4-740, 12-4-750, and 12-60-1730.

Refer to instruction sheet (PT401-I) before attempting to complete application.

Mail to: SC Department of Revenue **Property Division** Columbia, SC 29214-0303

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1.	Owner and Mailing Address (PLE Last First	ASE PRINT Mido		I Number:		Id.	1 eai		
	Last	Wilde					lumber Use Only)		
	Telephone Number:								
2.	Telephone Number: Date Real Property Acquired: For real property, attach copy	of deed/	title. If applyi	3. S. (C. Code Sobile Home	ection 12-37-220 A _e, attach copy of title	or bill of	B sale.	
4.	County in Which the Property is	Located	or Registered:						
5.	Location of Property (If different from mailing address)				6. Tax Map Number:				
	St. or Hwy: City or Area:			Mo	obile Home	e Tax Map Number: 			
	Tax District:			La		2 🗆 (CHEC	K ALL THAT	Γ APPLY)	
8.	Deed Book Number Page Number				ilding bile Home	3 □		,	
9.	Vehicle Information: Attach co	opy of v	ehicle(s) Reg	istration (Card(s), B	ill of Sale(s), or Title(s).		
VE	VEHICLE IDENTIFICATION NUMBER TYPE MAKE		YEAR REGISTERE		ISTERED OWNER	D OWNER COUNTY REGISTERED II			
								T	
10.	Furniture and Fixtures: For of fixtures, attach a separate sheet	et. Identi	fy item, date	of acquisit	ion, cost	FURNITURE AND F	IXTURES	TYPE	
	at acquisition, accumulated d Furniture and Fixtures; Type 2		on and net	value. E	xample:				
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NOTE: Separate applications must be filed for each parcel of real estate. Multiple listing of personal property is permitted, if registered in the same county and to the same owner(s).

If the initial application is accepted and the exemption is granted, you are not required to file a subsequent application, unless there is a change in the property reported on the initial application or unless requesting an exemption for property not included on prior applications.

Applications must be filled out completely and signed to be accepted by this office. All incomplete applications will be returned for completion, causing a delay in our consideration of your request for exemption.

Upon completing the Application for Exemption, please refer to the instruction sheet (PT-401-I) to insure all requirements have been met and included with your application. IF ALL REQUIRED INFORMATION IS NOT ATTACHED, THIS WILL RESULT IN DENIAL OF THE APPLICATION FOR EXEMPTION.



PLEASE ANSWER ALL QUESTIONS COMPLETELY AND SIGN THE STATEMENT BELOW.
Is the organization incorporated by the Secretary of State of South Carolina? Yes No If yes, attach a copy of the articles of incorporation and by-laws. Enter initial charter date.
Is the organization exempt under the United States Internal Revenue Code? Applicable Code 501C () If yes, attach a copy of the determination from the IRS.
Organization operated as a Profit Non-profit organization.
Did you file a return with the South Carolina Department of Revenue? Yes No No What name is the return filed under?
Are alcoholic beverages served to the general public? Yes No Do any other individuals, associations or corporations occupy or use any part of the claimed exemption that is listed on this application? If yes, explain the sculmstar the sculms additional space is needed, attach separate sheet.
Explain the use of the property, land and buildings.
Is any rent received for this property or any portion of this property? Yes No If yes, from whom? How much is received?
What is the estimated gross annual income?
Do you lease or rent any property for which you are requesting exemption? Yes No If yes, from whom?
What limitations or restrictions apply concerning who may use the property? (A supplemental explanation sheet may be attached.)
Did you file for exemption with this office last year? Yes No Was application denied? Yes No If yes, explain circumstances of denial as stated to you in the denial letter.
DECLARATION OF OWNER OR OWNER'S AGENT
Subject to Penalty for Perjury, I Declare That I Have Examined the Foregoing Claim, Including Enclosures and Attachments (If Any), and to the Best of my Knowledge and Belief it is True, Correct and Complete.
Legal Signature Date
Check Appropriate Box: Owner Agent Agent
PLEASE NOTE
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